

Module 1: Who We Are and Our History







Module Objectives

After this module, you should be able to:

- Explain the structure of the Military Health System
- Identify the TRICARE regions
- Explain the purpose of the National Defense Authorization Act (NDAA)
- Define TRICARE and how it has evolved







The Military Health System

- The Military Health System (MHS) is the interconnected and interdependent web of organizations that carry out the Military Health Care Mission
- The MHS is a unique partnership of medical educators, researchers, health care providers, and experts worldwide
- The MHS supports health delivery activities, such as training and education centers for health professionals and global research and development centers





Mission and Vision of the MHS

Mission:

 To provide optimal health services in support of our nation's military mission — anytime, anywhere

Vision:

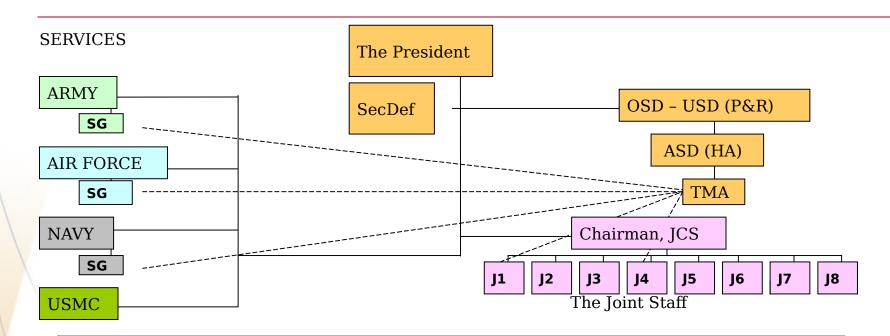
- The provider of premier care for our warriors and their families
- An integrated team ready to go in harm's way to meet our nation's challenges at home or abroad
- A leader in health education, training, research, and technology
- A bridge to peace through humanitarian support
- A nationally recognized leader in prevention and health promotion







MHS Organizational Structure



SG - Surgeon General

OSD - Office of Secretary of Defense

USD - Under Secretary of Defense

P&R - Personnel and Readiness

ASD (HA) - Assistant Secretary of Defense (Health Affairs)

SecDef - Secretary of Defense

JCS - Joint Chief of Staff







TRICARE

- TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors, and certain former spouses worldwide
 - Brings together the health care resources of the uniformed services
 - Includes networks of civilian health care professionals, facilities, pharmacies, and suppliers







TRICARE Management Activity

- In February 1998, TRICARE Management Activity (TMA) began managing the TRICARE program for active duty service members, their families, and others entitled to DoD medical care
- On May 31, 2001, TMA was formally established under DoD Directive 5136.12
 - This directive solidified TMA's mission, responsibilities, functions, relationships, authorities, and organizational structure
- As a chartered organization, TMA operates under the authority of the Assistant Secretary of Defense for Health Affairs (ASD/HA)
 - Maintains readiness to support members of the Uniformed Services during military operations and to provide medical services and support to members of the Uniformed Services, family members, and others entitled to DoD medical care





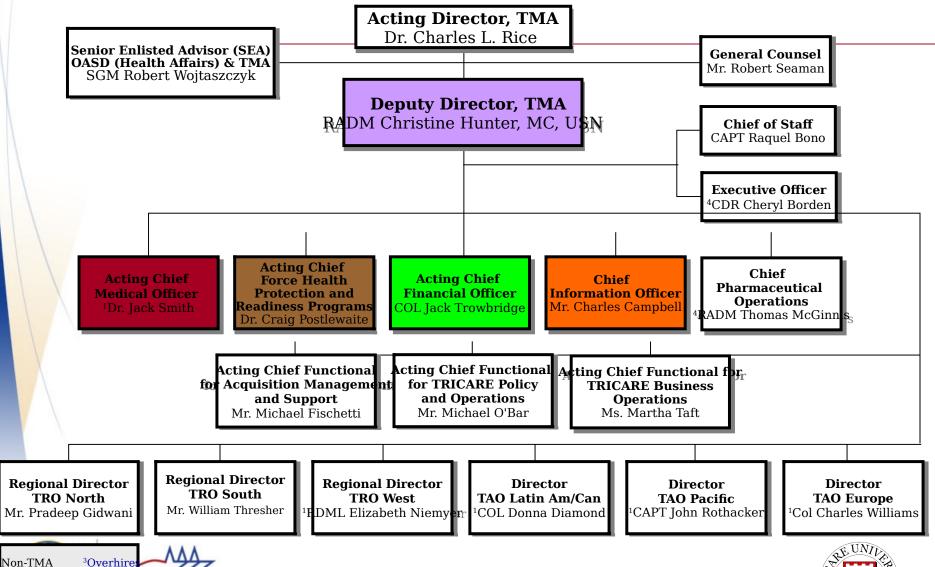
TMA and TRICARE

- TMA manages TRICARE by:
 - Executing health affairs policy and developing TMA policy
 - Overseeing TRICARE's managed health care program for all uniformed services beneficiaries and their families worldwide
 - Managing all financial matters of TRICARE





TMA/HA Organizational Chart



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TRICARE Regional Offices

- TRICARE has three stateside regions, each managed by TRICARE Regional Offices (TROs)
- The TRO represents the management organization for managing the regional contractors and overseeing an integrated health care delivery system in the three TRICARE Continental Unit tates (CONUS) regions
- The TROs are designated
 - TRO-West
 - TRO-North
 - TRO-South







North

West

Roles Within the TRO

Roles include:

- Medical Director: responsible for referrals, utilization management, and quality management
- Managed Care Director: responsible for networks, marketing, and managing MHS support staff
- Operations Director: handles TRICARE Prime Remote and Reserve Component issues
- Information Management Director: maintains computer systems, including personnel eligibility databases





Regional Contractor

- Each stateside TRICARE region has a regional contractor supporting and augmenting health care services available at MTFs
- This is accomplished by developing a network of civilian hospitals and providers to meet the health care needs of TRICARE beneficiaries
- Regional contractor responsibilities include:
 - Establishing and maintaining the TRICARE Prime provider network
 - Operating beneficiary information lines and delivering customer service
 - Managing the referral function
 - Providing administrative support with enrollment, disenrollment, and claims processing







Military Treatment Facility

- The MTF is a military hospital or clinic usually located on or near a military base
- MTFs are found around the world in every TRICARE region
- MTFs are the core of the MHS and the primary source of health care whenever possible





The MTF Commander

- Manages health care delivery for the active duty service member and TRICARE-eligible beneficiaries who are enrolled in TRICARE Prime with MTF Primary Care Managers (PCMs)
- May have providers refer patients to a network civilian provider if the MTF cannot provide the care or does not have capacity to provide the care to enrollees directly
- Sets priorities for assignment of MTF PCMs and works directly with the regional contractor in network development, resource sharing arrangements, and educational outreach





MHS Support Staff — BCAC

- Beneficiary Counseling and Assistance Coordinator (BCAC)
 - Advocates for beneficiaries and provides assistance on TRICARE benefits
 - Serves at each TRICARE Regional Office, TRICARE Area Office (overseas) and MTF
 - Works closely with the TMA/TRO/TAO staff, regional contractors, and claims processing staff
 - Improves customer service and satisfaction, enhances beneficiary education, and reduces congressional inquiries from beneficiaries
- The BCAC directory is available on the TRICARE Web site at www.tricare.mil/bcacdcao/





MHS Support Staff — DCAO

- Debt Collection Assistance Officer (DCAO)
 - Supports programs directed by the Undersecretary of Defense (Personnel and Readiness)
 - Serves at each TRICARE Regional Office, TRICARE Area Office (overseas) and MTF
 - Becomes involved when notified of collection action
 - Resolves TRICARE-related debt collection cases using established policies and guidelines
- The DCAO directory is available on the TRICARE Web site at www.tricare.mil/bcacdcao





TRICARE Service Center

- Usually located with an MTF to serve beneficiaries and provide information on and assistance with the TRICARE program
- Staffed by regional contractor employees and is a separate entity from MTF staff
- Provides:
 - Information about TRICARE and its various options
 - TRICARE Prime and TRICARE Reserve Select enrollments
 - Facility PCM selection
 - Coordination of access to and referral for civilian specialty care
 - Assistance with claim issues
 - TRICARE network providers lists







TRICARE Overseas Regions

 Outside the Continental United States (OCONUS), there are three separate overseas regions:

- TRICARE Eurasia-Africa
- TRICARE Pacific
- TRICARE Latin America and Canada
- The three overseas regions are managed by a TRICARE Area Office (TAO)
 - TAOs offer many of the same services offered by stateside regional contractors/TRICARE Service Centers







TRICARE Legislation

- The following legislation assists in the development and advancement of TRICARE:
 - National Defense Authorization Act (NDAA)
 - Defense Appropriations Act
 - Title 10
 - Title 32
 - Code of Federal Regulations (32 CFR) Part 199





National Defense Authorization Act

- The NDAA is under the jurisdiction of the Senate and House Armed Services Committees
- Under NDAA, Section VII pertains to Health Care
- The NDAA provides statutory direction across all DoD programs by either establishing, changing, or eliminating programs and activities







Defense Appropriations Act

- Provides funding or budget authority for authorized agencies, programs, and activities
- Establishes spending levels for programs and activities







Title 10 and Title 32

Title 10

- The U.S. Code is divided into 50 titles
- Title 10 covers Armed Forces matters
- Chapter 55 of Title 10 covers medical and dental care
- When laws are enacted that affect military health care, Title 10, Chapter 55 is normally amended

Title 32

U.S. Code title that covers National Guard affairs







Code of Federal Regulations (32 CFR) Part 199

- After the NDAA and Defense Appropriations Act become Public Law, Executive departments and agencies implement laws by publishing their rules in the Federal Register
- The rules explain how the DoD will implement the statutory mandate/statutory discretion
- Part 199 contains the regulations published in the Federal Register relating to the CHAMPUS/TRICARE program







The History of TRICARE

- The program we know today as TRICARE has gone through many changes over the years
- In the 1980s, the search to improve access to medical care and maintain cost effectiveness led to CHAMPUS "demonstration" projects in various parts of the U.S.
- Foremost among these was the CHAMPUS Reform Initiative (CRI), which successfully offered service families a choice in how they used their military health care benefits
- In 1993, DoD officials, along with Congress, extended and improved the CRI into a nationwide program known as TRICARE





The History of TRICARE

- With the introduction of TRICARE, three options were implemented:
 - TRICARE Standard, a fee-for-service option (formerly CHAMPUS)
 - TRICARE Extra, a preferred provider option
 - TRICARE Prime, a managed care option
- Coverage, deductibles, cost shares, and claim filing rules stayed the same







Staying Current with TRICARE Changes

- There are several online resources available to help MHS support staff and beneficiaries stay current on TRICARE benefits at www.tricare.mil:
 - Access to fact sheets and policy information
 - Electronic notifications through GovDelivery
 - News releases and updates via podcasts,
 Facebook, and Twitter in the TRICARE Media Center
 - Education and training through TRICARE University







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